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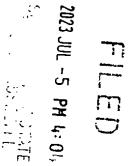
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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7/14/23 VV



COVER LETTER

TO:

то:	Registration Se Division of Cor					
CIID II	ece.	SDS Fragra	nce Collection LLC			
SUBJI	.cr:	Name of Lin	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Sandra Sample				
			Name of Person	e gerson grany gra		
			Firm/Company			
627 37th st						
			Address			
			West Palm Beach , 33407			
			City/State and Zip Code			
			ndra.sample51@gmail.com to be used for future annual report no	otification)		
For fur	ther information c	oncerning this matter, please c	•	······,		
	Sandra Sample		561 at ()	719-1944		
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclose	ed is a check for the	ne following amount:				
□ \$ 2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration S	Section		
	Division of C		Division of Co			
	P.O. Box 632	7	The Centre of	Tallahassee		
	Tallahassee, I	TL 32314	2415 N. Monr	oe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Comp.			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	December 8,2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company he	re:	
S&S Bath, Body and More l	.LC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			2023
(Principal office address MUST BE A STREET ADDRESS)			
			-5
			. P (1)
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			9 9
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our ro	ecords, enter the name of	of the new register
New Registered Office Address:	Enter Flori	da street address	<u> </u>
New Registered Office Address:		da street address Florida	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			□Change
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
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		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change

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ffective date, if other t an effective date is listed, the ote: If the date inserted in ocument's effective date of	date must be specifi n this block does i	ic and cannot be pri	licable statutory :	or more than 90 day	(optional) ys after filing.) Pur its. this date will	suant to 605.0207 not be listed as
record specifies a delayed is filed.	effective date, but	t not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90	th day after the
March 11		2023				
			\sim			
2	arbone	Doné	Ω 1			
2	Signature	of a member or au	gorized representa	tive of a member		

Filing Fee: \$25.00